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ABSTRACT

A 3-year (1978-81) participant observation study examined the involvement within the spaces and places of the lives of 15 elderly residents (ranging in age from 62 to 91) of a declining rural Appalachian community, to develop an understanding of their milieu and its relationship to their level of well being. Close interpersonal relationships were established at the study's commencement. Data were derived from an experiential methodology employed during summer residence in the community; bi-weekly visits throughout the 3 years; observation; informal tape-recorded interviews; and various research procedures, e.g., time/space activity diaries, cognitive mapping tasks, measurement of social support networks, photography (including aerial), and seven different life satisfaction measures. Findings revealed spatial and place oriented dimensions of physical, social, and autobiographical "insideness" that provided a supportive sense of integration within the environment; participants had evolved distinctive constellations of support consonant with their changing personal needs and environmental circumstance; and most were members of a distinctive "society of the old" and were integrated within a larger community that provided the benefits of an indigenous support system and sustained them as they grew more vulnerable. Data justified a person-based indigenous system more attuned to rural culture and the geographical constraints of servicing spatially dispersed populations. (Author/NQA)

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Social Integration of the Rural Elderly: Implications For Service Delivery

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San Antonio, Texas
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ABSTRACT

A three year participant observation study of elderly persons in a rural Appalachian community, utilizing the philosophy and methodology of humanistic geography, reveals spatial and place oriented dimensions of physical, social, and autobiographical "insideness" that provide a supportive sense of integration within the environment. Against this backdrop, sources of support are described in relation to a hierarchy of spaces, focused on the old person's home, from which different forms and intensities of assistance are provided by family, age peers and others. Study participants are shown to have evolved distinctive constellations of support consonant with their changing personal needs and environmental circumstances. These constellations reveal that most of these old people are members of a distinctive "society of the old." At the same time, they are integrated within a larger community that provides the benefits of an indigenous support system and sustains them as they grow more vulnerable. The findings justify a reorientation of the philosophy and practice of service delivery for the elderly in rural areas toward a person-based indigenous system more attuned to rural culture and the geographical constraints of servicing spatially dispersed populations.

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During the past decade there has been a burgeoning of research in geography on issues of aging and the aged. A plethora of studies have explored the location of elderly populations, patterns of migration among the elderly, the activity patterns of old people and problems of service delivery.[1] Much of this research has focused on the urban elderly and upon old people living in special housing projects, retirement communities and other atypical age-segregated environments. Even though in 1978 8,467,000 elderly people (38% of the population over 65) lived in rural areas,[2] and there is mounting evidence of a major movement of old people out of metropolitan areas,[3] social scientists, until recently, have steadfastly avoided confronting the problems of old people in these settings.

In gerontology there has been a growth in concern with the problems of the rural elderly.[4] However, in geography the area remains little explored. This is particularly ironic in view of the fact that growing old in a rural setting presents dilemmas with a particularly challenging geographical component. The rural elderly experience a variety of problems resulting from spatial isolation.[5] These translate into major dilemmas of access and service delivery to low density geographically dispersed populations in need. Beyond these essentially spatially oriented problems there is accumulating evidence that certain place-related cultural aspects of growing old in a rural milieu distinguish the experience of aging in this setting from its urban equivalent.

The objective circumstances of the rural elderly, in terms of conventional indices of well being such as income, housing, health and access to transportation, are far worse than their urban counterparts; but this is not reflected in indices of subjective well being.[6] Indeed, much research indicates that the rural elderly have high levels of life satisfaction and morale. This

paradox is complemented by evidence of the existence of a variety of indigenous or "natural" support systems for the rural elderly.[7] It is also reinforced by the prevalence of what Gottlieb has termed "spontaneous recovery" -- an ability revealed by many rural old people to successfully cope with problems without the intervention of social service agencies.[8] Clearly, certain characteristics of growing old in a rural place make the experience very different from that of the urban dweller and worthy of study as a prerequisite to the development of appropriate service delivery models.[9]

Part of the reluctance of geographers to study the rural elderly can be attributed to constraints imposed by adherence to traditional social science research methodologies. The study of the rural elderly imposes severe constraints in terms of deriving appropriate samples and presents practical difficulties in conducting detailed interview or survey research with a dispersed population. In addition, there are few guidelines for even posing appropriate questions due to our ignorance of the experience of aging in rural environments.[10]

The emergence of humanistic geography during the late 1970's provided the promise of an alternative approach.[11] As Warnes has noted, this promise has not as yet been realized because of the tendency of practitioners to confine themselves to the level of philosophical discourse rather than empirical expression.[12] Indeed, humanistic geography, as an empirical approach, has languished and is in danger of becoming another of our periodic disciplinary distractions. Such a fate would represent an opportunity missed, for humanistic geography provides both the rationale and the modus operandi for constructive empirical research.[13] It provides the opportunity to explore domains we have hitherto been reluctant or unable to enter.

The Colton Study

Between 1978 and 1981 an intensive participant observation study was undertaken of the geographical experience, defined as "involvement within the spaces and places of their lives," of elderly residents of "Colton," a declining rural Appalachian community of approximately 400 persons.[14] The inquiry entailed establishing close interpersonal relationships with 15 persons ranging in age from 62 to 91 at the commencement of the study. An experiential methodology was employed during three summers residence in the community supplemented by bi-weekly visits throughout the remainder of the three years. The objective was to develop an understanding of the participants' milieu and its relationship to their level of well being.[15] Insight into the geographical experience of the study panel was derived through observation; over 800 hours of informal tape recorded interviews;[16] and, once rapport had been established, through a variety of more formal research procedures. These included, time/space activity diaries (collected over a two-year period), cognitive mapping tasks, measurement of social support networks, photography (including aerial photography) and seven different life satisfaction measures.[17]

Environmental Integration of the Colton Elderly

The essence of understanding the Colton elderly lies in framing their experience within the context of an intimate relationship with the local milieu that has evolved and intensified over the span of their lives. A critical component of this environmental integration is the concept of "insideness", a popular theme within much recent work in humanistic geography.[18]

A physical insideness emanates from familiarity with the setting. Traversing the same route in the journey to the store, or across the street to church, over a period of several decades results in these paths becoming ingrained with-

in the individuals' inherent "body awareness" of the setting.[19] An implicit awareness of cracks in the sidewalk, steps, changes in slope and other facets of environmental configuration, enables the "automatic pilot" of routine to take over at a level that becomes subconscious. The individual comes to wear the setting like a glove. This may be highly adaptive in the context of declining physiological and cognitive capabilities as it allows the elderly person to transcend the limitations of sensory decrements.

Physical integration within the Colton environment is supplemented by a sense of social insideness stemming from immersion within the social fabric of the community. Such social insideness appears to have two interrelated components. First, to grow old in Colton is to be assimilated within a supportive age peer group "society of the old" with its own values, norms of behavior, and culture. This "segregated" community, an elderly parallel to the much studied peer group culture of youth, is grounded in an array of horizontal reciprocal relationships focused on the senior center, church, some residual fraternal social organizations (sustained almost exclusively by a dwindling number of old people), and an extensive telephone network. Being part of this "society of the old" implies a set of mutual obligations and responsibilities among age peers as lifelong friendships and associations evolve into concrete expressions of mutual support, including daily telephone calls, birthday and "get well" cards, and other small but important exchanges. Participation in this network of peers, a community of concern investing itself in the welfare of its members, conveys status and an aura of belonging. As 83 year-old Beatrice,[20] a particularly well respected member of the "society of the old," observed: "If I lived anywhere else, I'd be a nobody. I wouldn't have the position I do."

A second component of social insideness involves a variety of vertical social relationships with family members, neighbors, and other individuals in the community, including the director of the senior center (a woman in her thirties), the proprietors of the two local stores, the minister, the postmistress and several individuals who have assumed the role of "caretakers." I have observed that individual old people in Colton may be "adopted" by younger persons, generally middle-aged women with limited outside obligations, who live in the vicinity of the older person's home. These "caretakers" often give practical assistance with redecorating and household chores in addition to providing an important source of social contact.

The relationships that evolve are based in part upon functional associations. More important, as Lozier has eloquently illustrated, they are based on the accumulation over a lifetime of a reservoir of social capital upon which the person can draw for support in old age.[21] Life in Colton, as in many Appalachian communities, is focused on interpersonal relationships and values.[22] Over a lifetime each person accumulates social credit from his or her contributions to family and community and from the status that such contributions conveys. This generates an expectation within the community at large that those in a position to provide assistance to the old person will furnish needed support -- as an accepted part of their role within the community. That the old person can expect such support from the community is a reassuring source of social insideness.

Finally, a sense of <u>autobiographical insideness</u> stems from the temporal legacy of having lived one's life in this environment. Colton and its surroundings are known as the arena of personal history. Each location lives as an "incident place" -- where a child was born, a husband was met, or an

anniversary was held. Place becomes a part of the self, a landscape of memories providing a sense of identity, and an ever present source of reinforcement for a biography interpreted from the retrospective vista of life review.[23]

In concert, physical, social, and autobiographical insideness express a relationship with the setting that distinguishes Colton from spaces that, moving away from the core of the community, become increasingly viewed as "outside". This relationship, not only explains the relatively high levels of life satisfaction revealed by the study panel,[24] but also forms the backdrop for an array of sources of support harnessed by the Colton elderly that form the focus of the remainder of this paper.

Sources of Support

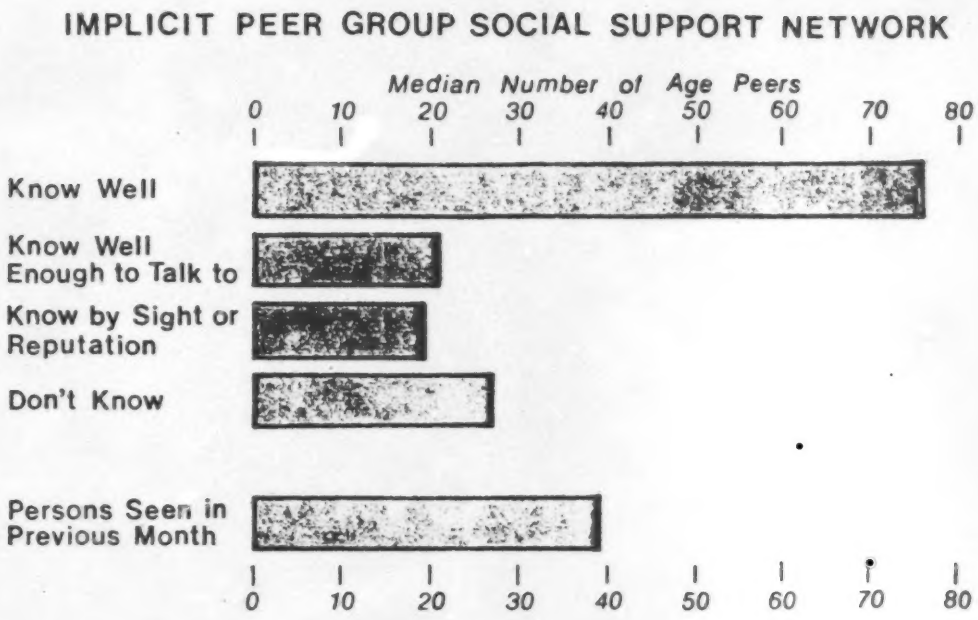
Support resources embrace both explicit and implicit forms. Explicit support is traditionally differentiated as either "formal" or informal" although the distinction is often blurred.[25] Formal support in Colton is provided primarily through the church and a Senior Center that is well utilized by a more active, primarily female, young-old subgroup within the "society of the old." In addition, there are a variety of social service programs including a Title III nutrition program, a rural health clinic, and a limited rural transit system. These resources are used but not relied upon.[26] Far more important are indigenous informal support networks involving a continuum of relationships encompassing family, neighbors and friends. In Colton, as in many rural communities, the spatial dispersion of families is such that the elderly tend to rely on those children who are geographically closest.[27] Geographically proximate children provide practical assistance with housekeeping, home repair, and shopping. Considerable practical support is also derived from neighbors. This is especially the case for those who are childless

or do not have family living nearby. The social relationships that evolve from such support reflect an assumed responsibility by those who live close to the old person's home. Neighbors may come to assume "surrogate family" status. Finally, support emanates from participation within the "society of the old," focused on the frequent exchange of telephone calls.

Much support provided by the Colton milieu is, however, far more implicit. First, there is the reassurance that stems from awareness that this is space where one is "known" and knows others. Such support is clearly revealed in data on the age peer group social awareness network of the study panel (Figure 1). Each participant identified individuals he or she knew "well," "well enough to talk to," or "by sight or reputation," from a list of all the old people living in the Colton area.[28] What emerges is that each participant is aware of a large pool of peers who, although infrequently seen or contacted, provide a sense of belonging by virtue of their mere existence. This source of reassurance and the accompanying awareness that if assistance was needed it would be rapidly forthcoming extends beyond the peer group "society of the old." It involves a perceived sense of reciprocal responsibility among all members of the community, both young and old. Most participants, I discovered, were cognizant of who resided in most of the homes in the community. They were well acquainted with the family lineage, careers, aspirations, and even personal foibles of their fellow Colton residents. They knew that others were also aware of their position in the community and potential needs. As 83 year-old Audrey explained with respect to obtaining help in an emergency:

> "Everybody knows me and I've often said, I could dial any number on this telephone, any number at random and somebody would be here."[29]

FIGURE 1



N = 12

Total Number of Age Peers (60+) is 142

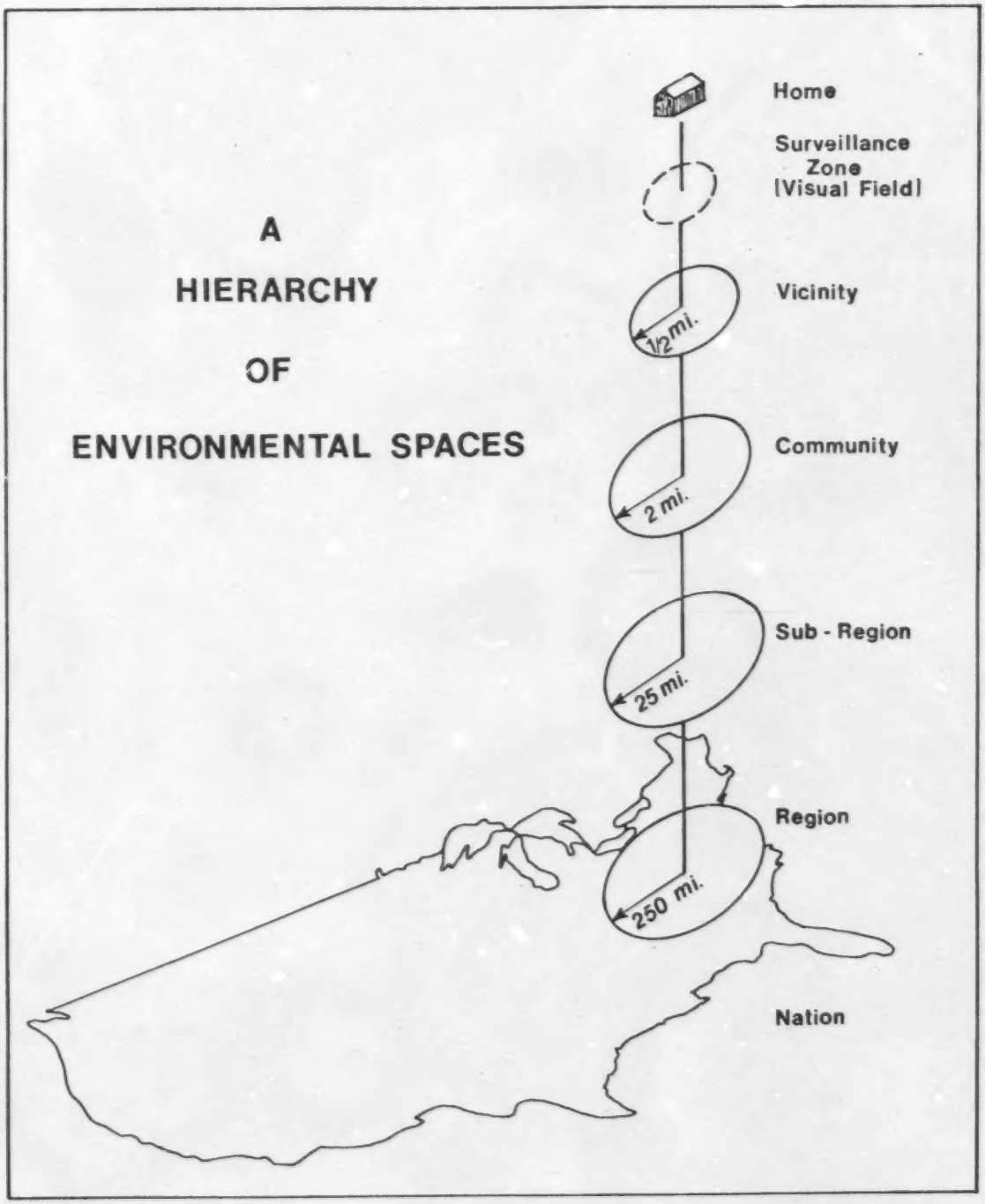
A second, more subtle, component of implicit support pertains to a historically based social affinity with place that stems from autobiographical insideness. Though her husband is dead and her two children live far away, Jennifer Rose, 70 years old, derives comfort from the aura of her home, because this is where they lived. She can visualize her children as they played in the yard. The rooms are still, in a sense, "inhabited" by people who years ago made them important social spaces. Like many of her peers, Jennifer Rose finds it difficult to explain this historical meaning of her home as an experienced social ambience. It is something she takes for granted. Yet the ability of a place to act as a cue and to trigger the resurrection through reminiscence of the social auras which once pervaded it may contribute to a sense of identity that enhances well-being.

More important than identification of these sources is the finding that each has distinctive geographical manifestations. There exist in the participants' worlds a series of zones of space focused on the individual's home but extending "outside" Colton. Each one has a different social meaning. Moreover, different types and intensities of both explicit and implicit support are derived from each spatial zone (Figure 2).

Spatial Dimensions of Support

Clearly, the most intensive support is available within the home. There is no substitute for living with a companion, in terms of around-the-clock practical assistance and social contact. Beatrice and Walter, a married couple in the study, exchange the kind of support that enables them to remain independent at 83 years of age, and provides for mutual assistance during temporary crises such as illness. However, the majority of the Colton elderly live alone. Many, like Jennifer Rose, cherish their independence. They are

FIGURE 2


A
HIERARCHY
OF
ENVIRONMENTAL SPACES
Home
Surveillance Zone (Visual Field)
Vicinity
1/2 mi.
Community
2 mi.
Sub - Region
25 mi.
Region
250 mi.
Nation

reluctant to live with relatives or companions, so this option is avoided. The home is also space providing important emotional support through both the personal and social meanings with which it is imbued.[30]

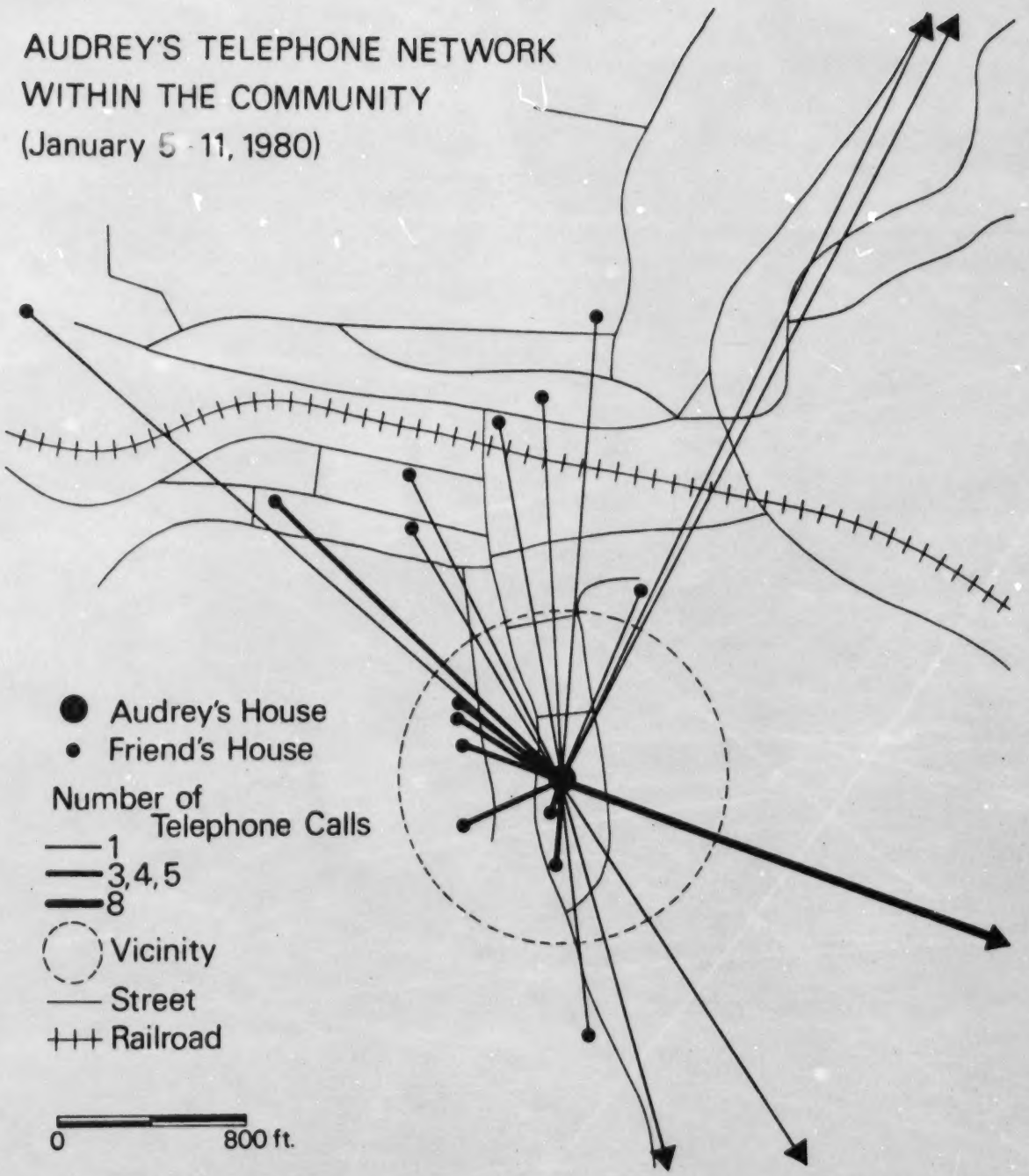
As people grow older and spend more time at home, the surveillance zone, the arena of space within the visual field of the old person's residence, may become a particularly significant source of support.[31] Often there develops a strong functional relationship between old people and neighbors within the surveillance zone who bring in the mail from the roadside mailbox, run errands, and look after daily needs. A watchful reciprocity is apparent, particularly among elderly neighbors, that often includes the scheduled exchange of visual signals--such as drawing the curtain or switching on the porch light--to indicate that all is well. In times of crisis, support from within this zone is particularly important. Neighbors often act as intermediaries between the old person and his or her children who may live far away. The surveillance zone also furnishes other forms of support. This is space that can be monitored from the window--a zone in which supportive, if transitory, relationships develop. Observing the daily routine of neighbors, chastizing the children for over-zealous play on the path outside, and watching regular passers-by provides a sense of ongoing social involvement.

The vicinity, approximately ½ mile radius,[32] is a very important space for the old people of Colton as it harbors relationships that may provide critical support as the individual becomes more vulnerable. Within the vicinity, family members and close friends provide frequent functional support. They purchase the groceries, provide a ride to church, and fix the door. A supportive social network emerges as a result of spatial proximity. Old people may find that a younger "caretaker" assumes a prominent role. Thus,

Audrey is accustomed to the visits, practical assistance, and social support of Betsy Hart, a middle-aged woman who lives in her vicinity. More important in this context, is the way in which elderly peers within each others vicinity, drawn together by the chance of proximate location, coalesce into a mutually supportive subgroup within the "society of the old." Supportive relationships evolve from lengthy habitation of a common space--the legacy of having brought up families together, having watched over each other's children and having shared in local crises and events that make up the history of a locale. Interaction through lengthy telephone conversations becomes increasingly significant as face-to-face contact decreases. The importance of such linkages is well illustrated by Audrey (Figure 3). In a sample week during which she kept a record of all her telephone calls, many of her conversations involved age peers in the vicinity.

At its outer limits the vicinity merges into the Colton <u>community</u>. This zone has a radius of approximately 2 miles. Within this zone the church and Senior Center provide foci for social support relationships that function in large measure through a heavily utilized telephone network. This network acts as a conduit for information, transmitting gossip and providing an indigenous reassurance service within the "society of the old." The telephone network also provides a medium for mutual decision making. When 70 year old Jennifer Rose was in the hospital, arrangements for her convalescence--where she would stay and who would stay with her when she was discharged--were discussed, and resources mobilized through many calls. Such activity was complemented by face-to-face discussions among those members of the "society of the old" who attended lunch at the Senior Center. Functional support is also provided by those of the participants' children who still reside in Colton. They tend

FIGURE 3


AUDREY'S TELEPHONE NETWORK
WITHIN THE COMMUNITY
(January 5 - 11, 1980)
Audrey's House
Friend's House
Number of Telephone Calls
1
3,4,5
8
Vicinity
Street
Railroad
0
800 ft.

to visit on at least a weekly basis--and a daily phone call is usually received. Finally, the community level is the scale upon which formal support services, such as the local nutrition program and the community health clinic, are provided.

Outside Colton, the sub region (approximately 25 miles radius), encompasses the spatial limit of services utilized by the study panel. This zone includes larger communities containing the supermarkets they patronize, the hospitals they use, their doctors, their banks, and other resources they may have utilized (Figure 4).[33] Many children, siblings, and other relatives live within this zone. Direct contact through visits is less frequent (perhaps once per month), but this seems to be partly compensated through telephone calls. This zone represents the spatial extent of an environment known in detail through personal experience. Continuing participation in this space is often more vicarious than physical. It involves ongoing monitoring of events (a political confrontation, controversy over the schools, or the fortunes of the local basketball teams) within a "community of interest." On occasion, support from this zone assumes a more direct form. An annual vacation bus trip is cooperatively sponsored by all the senior centers in the county. This offers the opportunity to spend time with peer group friends from the past.

Moving to the level of the region (approximately 250 mile radius), there is a major transition. Support from this zone is almost exclusively derived from family members, particularly children who relocated one or two states away in order to secure jobs.[34] Distance is reflected in different forms of support. Letters and postcards become increasingly important. Telephone calls assume special significance, although their frequency is less than those

FIGURE 4

RESOURCES WITHIN 25 MILES UTILIZED BY THE STUDY PANEL

received from more proximate zones. Visits become "events" rather than routine happenings. When children "come in" once or twice a year, both their presence and anticipation of their arrival, provide a source of personal reinforcement. No less eagerly anticipated is the annual outgoing trip that many Colton elderly take to stay with these children for the worst winter months--a form of family "snowbirding." Support is also derived from this zone through vicarious participation in the ongoing lives of geographically displaced children. However, constraints of distance make family members less viable as sources of physical support during crises.

Beyond 250 miles from Colton, the nation, is generally beyond the purview of the panel members. A few have kin living far away. The homes of these relatives provide islands of "known" space in a sea of "no place" beyond the pale. Social contact tends to be primarily through letters and postcards. Visits are viewed as major events due to their rarity. Support in crisis situations does not come from this distance, apart from a rare visit precipitated by serious illness.

Clearly, boundaries between the various realms of space are approximate. Neither are they annular. Topography, population density, the orientation of road networks, and other aspects of environmental design, result in considerable directional distortion. The intent has been to describe a generic conceptual hierarchy of spaces based on functional transitions in the matrix of potential support and the level of environmental integration revealed by the Colton elderly.

Profiles of Social Integration

If we now consider this spatial hierarchy of potential supports in relation to explicit supports actually utilized by individual study panel members, it is possible to identify a variety of distinctive styles of social integration

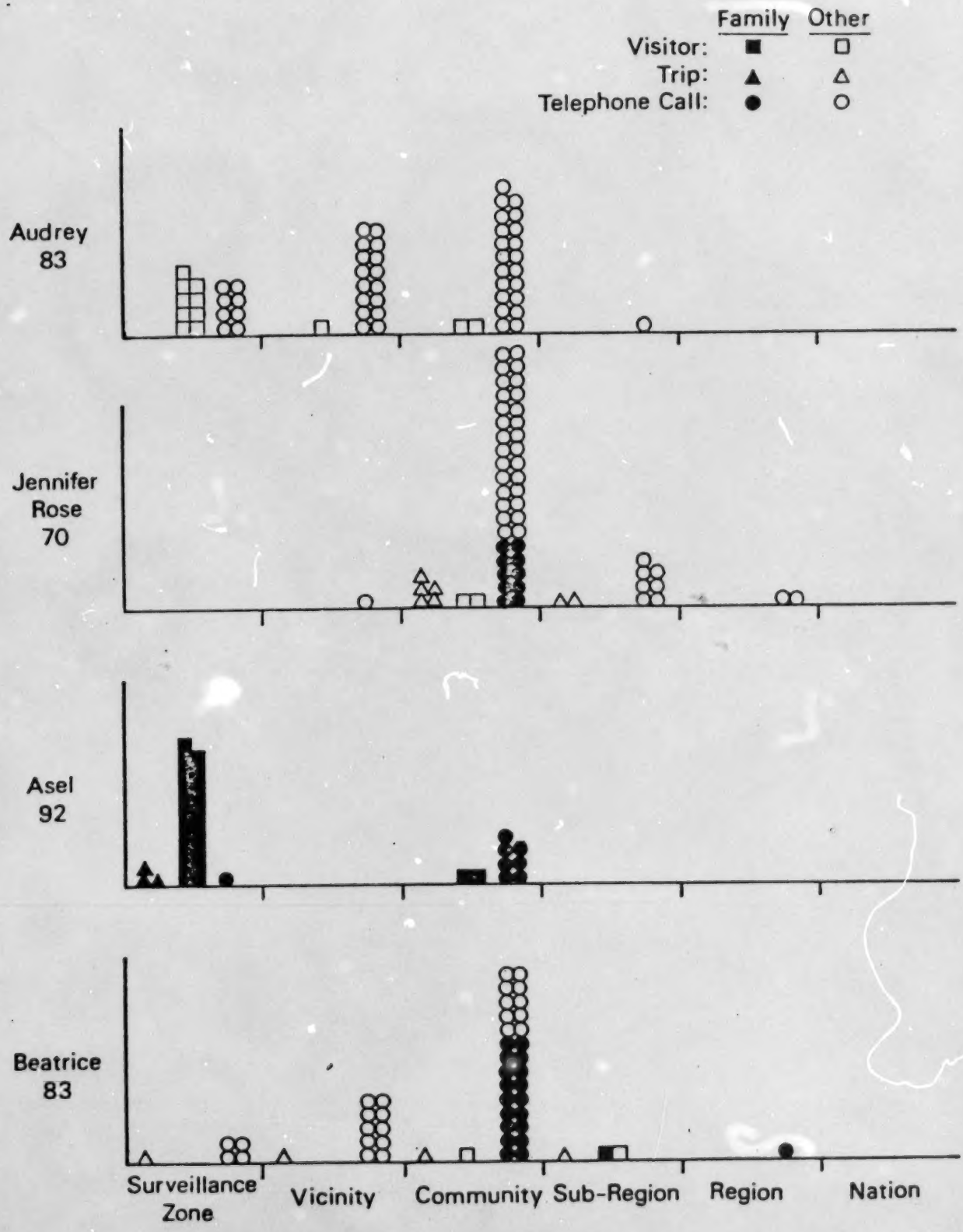
within Colton space strongly linked to geographic location and personal circumstances.[35] Figure 5 illustrates sources of explicit support for four members of the study panel for a week in January 1980. These data were derived from a detailed time/space diary maintained by the participants. A dairy form was used to record the details of all trips outside the home, all visits received, and all telephone calls made or received. The completed protocols for each day were corroborated and supplemented by a daily interview during which the previous day's activities were confirmed. Considerable variation was apparent in both the sources of support and the zones from which it was derived.

Jennifer Rose lives alone on an isolated stretch of country road. She does not receive support from neighbors within her surveillance zone because there are no people living within visual range. Nor are her children sources of everyday practical or social support because they live far away. Yet, following her husband's death, she has been able to develop a lifestyle utilizing a variety of supports. A non-driver, she relies heavily on friends within the community for rides. She embraces the telephone network of the "society of the old." Finally, as is indicated by her trips within the community, she is committed to the formal support system provided by her church and the Senior Center where she serves on several committees.

Audrey, who is confined to her home but surrounded by houses, has evolved a different support system. She relies almost exclusively on practical and social support from neighbors within the surveillance zone, and intensive telephone contact with age peer group friends in the vicinity and community. Audrey has no family living in proximate zones. In contrast, Asel relies almost exclusively on family members living nearby. As a result, he has re-

FIGURE 5

SOURCES OF SOCIAL SUPPORT (JANUARY 5-11, 1980)



mained very much on the periphery of the "society of the old." He does not participate in the activities of the Senior Center nor involve himself in the telephone network. Finally, Beatrice's profile illustrates the importance of telephone linkages with friends from proximate zones, and family support from within the community. In addition, during this week she received an important telephone call from her son in Ohio. In sum, it is possible to view each old resident of Colton as enveloped within an individually tailored support network with distinctive geographical characteristics.

Age Segregation and Age Integration: The Best of Both Worlds

In spite of the considerable individual variability of these constellations of support, each of them represents a level of social integration within the social fabric of the Colton community. It is useful at this point to consider the nature of this social integration in more depth, in relation to a recurrent issue in gerontology that has spanned several decades.

The focus of this debate is the extent to which old people prefer to live in a society of their peers rather than in a setting involving all age groups. On the one hand, are proponents of age segregation who argue that old people prefer to reside in a world of age peers. It is argued that segregated environments protect old people from the stress, noise, and confusion of association with the young; facilitate social interaction among age peers as a result of geographical proximity; provide built-in potential for the replacement of lost friends; and facilitate a non stressful transition to aged status in a community with shared values and norms grounded in a more leisure oriented lifestyle.[36] Bultena and Wood note that age segregation provides insulation from a meaningless

> "set of normative expectations commonly operative in regular communities in which instrumental or productive functions are emphasized."[37]

Arguments such as these, coupled with the shortage of adequate housing for the elderly, have resulted in the proliferation of special housing projects, retirement communities, and other segregated environments.

On the other hand are proponents of the view that old people should be fully integrated within the mainstream of community life. As one elderly respondent in a survey of attitudes toward segregated retirement communities observed; "...old people need the association of younger people. It helps to keep them young."[38] Others note the role that old people can play in contributing to the community through babysitting, gardening, toy repair, and a variety of socializing functions. These commentators emphasize the educational function of the elderly in sharing their wisdom and experience in their interactions with the young.[39] Finally, it is argued that ongoing involvement within the community is not only a basic right but also highly adaptive for the old person with respect to obtaining support and accommodating to the problems of growing progressively more vulnerable.

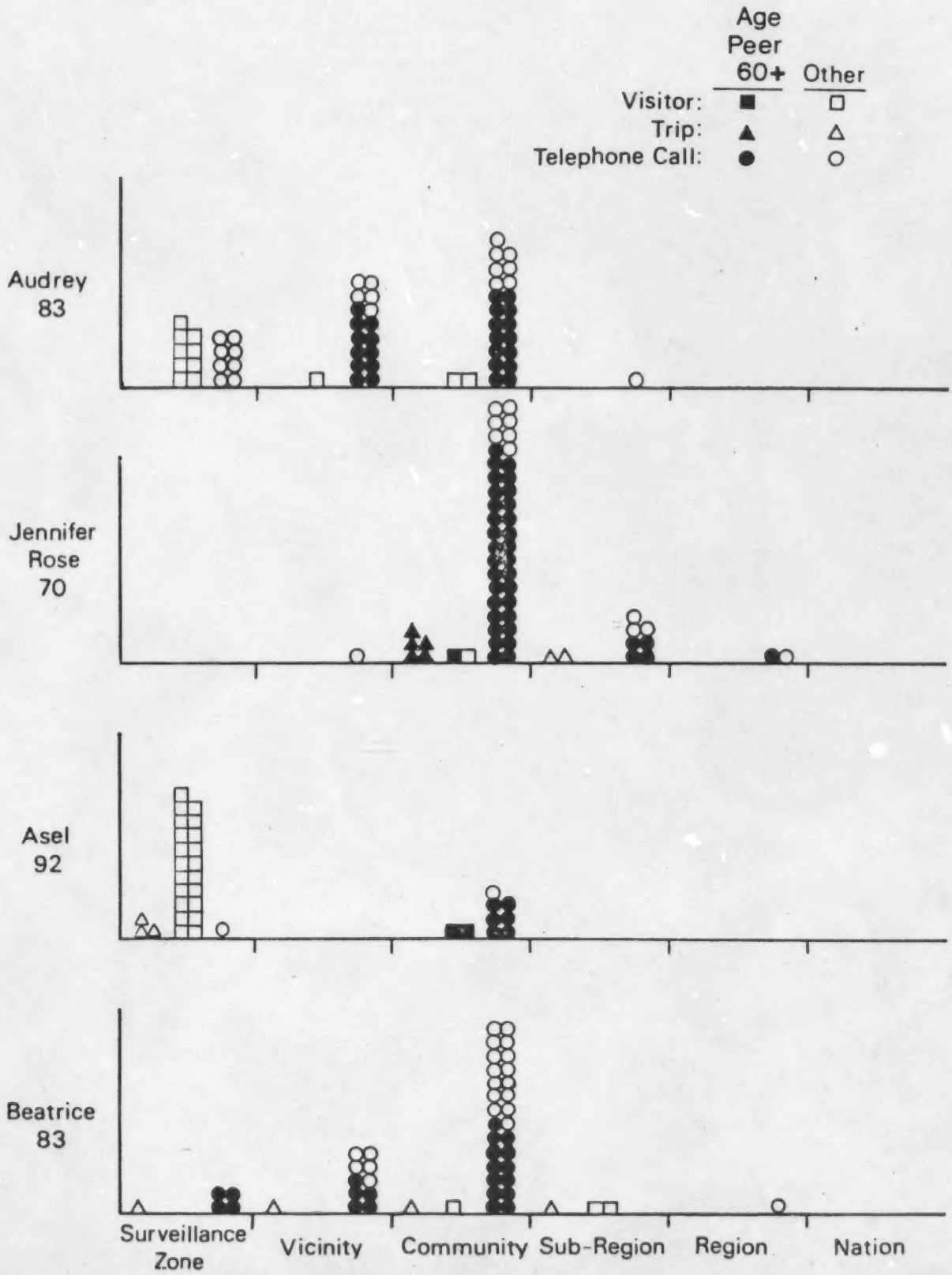
The findings from this study indicate that the Colton milieu is, in an important sense, both an age "segregated" and, at the same time, an age "integrated" community. Indeed, the segregation/integration issue may be a false dichotomy in rural areas, particularly in the context of the role that the telephone plays in effectively collapsing distance and reducing the importance of proximity in determining social relationships. First, the existence of an age peer group "society of the old" linked by the telephone and by participation in Senior Center activities represents a separate culture with most of the advantages of an age segregated environment. At the same time most of the Colton elderly are strongly immersed in a set of vertical supportive relationships with their children and others who are not age peers. The two social realms appear to function as separate and only rarely overlapping

domains. They constitute independent support systems. The implications of this become apparent when the data previously presented on constellations of social support is reinterpreted from the perspective of age peer contacts.

In Figure 6 the data on the four individuals previously discussed is differentiated by age of the source of support. Shaded entries represent supportive contact with a person over 60 years of age.[40] There is some variation in the degree to which the participants receive support from age peers rather than from family members or others outside the "society of the old." Clearly, geographical proximity is not a critical constraint upon involvement in the "society of the old." Audrey, who is home bound, receives most of her practical support from younger persons living within the surveillance zone of her home. However, she is very much involved in the "society of the old." Such involvement involves no physical contact with her age peers. Rather, it entails frequent telephone contact with other old people in the community with whom she has developed strong relationships over many years. The importance of this level of support from peers is particularly apparent when the duration of phone calls is considered. During this sample week Audrey spent a total of 12 hours 55 minutes talking on the telephone with age peers. Jennifer Rose is almost exclusively reliant upon her participation in the "society of the old." During this week she spent 11 hours 28 minutes talking on the telephone with fellow members of the "society of the old" and 1 hour 36 minutes talking to others. By contrast, Asel has little involvement with a "segregated" "society of the old." Indeed, his only contact with persons over 60 is with family members, specifically with two daughters. Finally, Beatrice provides another example of a person who is both involved in a variety of vertical support relationships (primarily with her family) and at

FIGURE 6

SOCIAL SUPPORT FROM PEERS (JANUARY 5-11, 1980)



the same time is integrated within the "society of the old". During this sample week she spent 6 hours 15 minutes talking on the telephone with persons under 60 and 6 hours 20 minutes conversing with age peers.[41]

These illustrations indicate considerable variation in the degree to which older people in Colton derive support from the peer group "society of the old", from their families, or from other resources in the community. In over three years of participant observation, it became apparent that the precise constellation of support harnessed by each old Colton resident undergoes temporal change. Some, like Jennifer Rose, were almost entirely dependent upon the peer group "society of the old" for the duration of the study. Others, like Asel, depended almost exclusively on family. Most participants seemed to harness a changing constellation of support resources. For several months an individual would be an active participant in the "society of the old". Then, a son or daughter would return to visit and emphasis would shift to reliance on family for several weeks. More permanent transitions may occur over a period of years as old people either withdraw or become more fully immersed in the "society of the old"--as they engage in a process of progressive substitution of support resources as their capabilities and needs change.

To summarize, it is apparent that in Colton there is wide variation in the level and style of social integration of individual old people within the array of support alternatives available within the community. Individual variations are explicable in terms of location and the relative potential for support available at different distances from home. Within this spatial rubric, variations are a function of the availability of support from family and other younger community members and the degree to which individuals are integrated within the "society of the old." The diversity of options and the resulting uniqueness of each individual's constellation of supports has

important implications for public policy with regard to providing service to the rural elderly.

Some Implications

Publically supported formal service programs are only one limited component of the support systems harnessed by the Colton elderly. Very few of them are dependent upon the specific programs available; indeed, several study participants claim to patronize them primarily out of a sense of obligation to their peers (who might otherwise have to forego the program). While formal service programs are utilized, they are not relied upon.

In contrast, there is a high degree of reliance on the informal indigenous support systems I have described. Such support systems have the critical advantage of being extremely flexible and adaptable to the unique and changing needs of the individual. This is important because it facilitates appropriate "circumstance specific" intervention in areas where a low density spatially dispersed population does not justify the existence of more traditional "purpose specific" formal programs.[42]

This is not to deny that there are individuals within Colton and its surroundings who have important service needs. Indeed, there are many old persons in the area who would benefit from some form of external support. The problem is that the existing formal service system, including traditional outreach programs, does not reach out to these individuals in an effective manner because it cannot overcome considerable practical, social, and psychological barriers to service utilization.[43]

Of course Colton is only one community. It may not be typical. However, data emerging from this in-depth study confirm the need to explore alternative "person" rather than "program" based means of identifying and helping the

really needy rural elderly--those not fully sustained by indigenous support systems. Central to the search for alternatives might be the quest for a service delivery model that will acknowledge the high level of social integration of most of the rural elderly and will supplement rather than supplant existing support alternatives. Several options are worthy of consideration. One possibility is a shift, or perhaps more appropriately a return, to increasing reliance upon community based support sources including the church (ministers are a source that could be far more effectively utilized), Volunteer Fire Departments, and other fraternal organizations. A second promising option is the development of strategies encouraging self help, through the formation and nurturing of mutual support networks.[44] Such networks would build upon linkages that already exist within the "society of the old" in communities like Colton. Perhaps the most attractive option, however, would be to harness local "known" people to work in collaboration with professional "facilitators", charged with identifying those in need, building functional support networks attuned to their specific circumstances, and fostering their social integration within existing practical and social support networks. All three alternatives not only acknowledge the characteristics of the rural milieu, but also are fiscally attractive in an era of retrenchment of support for capital intensive service programs.

The third option is by far the most radical because it implies a reorientation not only of the structure but also the philosophy of service provision to the rural elderly. First, it provides the option of involving local people who already function informally as "caretakers". These individuals would be particularly effective as very localized liaison for professional facilitators because of their ability to establish rapport with their elderly neighbors

and their knowledge of local community conditions and resources.[45] Second, it necessitates new attitudes toward the professionals who would be the "facilitators." Under the existing model these individuals have been encumbered by regulations and constraints within the programs they administer to the point where, often, they can no longer function in the helping professional role for which they were trained. The "facilitator" option implies restoring a level of trust in professionals. It requires an acknowledgement that they have the training, capabilities, and sense of responsibility to target those individuals within their service areas who are really in need of service. It also implies that the "facilitators" possess the ingenuity and flexibility to develop community based intervention strategies appropriate to each client's unique circumstances. Such intervention strategies might include making arrangements for local store owners to deliver groceries, the establishment of car pools among groups of elderly neighbors, the setting up of a telephone reassurance network, indeed, a plethora of locally based arrangements providing a community based support system for the most vulnerable.

It is appropriate to conclude with a word of caution. Rural environments are changing. Many to todays young-old, in contrast to their predecessors, have lived lives involving great mobility. They have not had the opportunity to develop the level of "insideness" that I have suggested is adaptive for the Colton elderly and which provides the basis of their support. Moreover, an increasing number of the rural elderly are or will be recent migrants from metropolitan areas. These are individuals unaccustomed to the mores of rural life. It is important to develop a service model that is flexible and attuned to the needs of these individuals also. Otherwise we run the risk of merely creating a service model for a generation that will have passed.

FOOTNOTES

1. Excellent syntheses revealing the scope and content of this emergent research domain are provided in R.F. Wiseman, Spatial Aspects of Aging (Washington, D.C.: Association of American Geographers, Resource Paper 78-4, 1979); S.M. Golant, Ed., Location and Environment of the Elderly Population (Washington, D.C.: V.H. Winston, 1979); and A.M. Warnes, Ed., Geographical Perspectives on the Elderly (Chichester: John Wiley & Sons, 1982).

2. G.R. Lee and M.L. Lassey, "Rural-Urban Differences Among the Elderly: Economic, Social and Subjective Factors," Journal of Social Issues Vol. 36 (1980) p. 63. There is considerable ambiguity with regard to what is meant by the rural elderly, with definitions ranging from persons living in communities of less than 50,000, through Census Bureau definitions considering old people living in communities of less than 2,500 as rural, to more refined breakdowns that distinguish between rural farm and non farm populations and differentiate between "in town" elderly and those who live" out in the country" or on the margins of small communities. In this paper the Census Bureau definition is employed.

3. C.L. Beale, "A Further Look at Nonmetropolitan Population Growth Since 1970," American Journal of Agricultural Economics Vol. 58 (1976) pp. 953-958; G.K. Bowles, "Contributions of Recent Metro/Nonmetro Migrants to the Nonmetro Population and Labor Force, "Agricultural Economics Research Vol. 30 (1978) pp. 15-21; and T. Koebernick and J.A. Beegle, "Migration of the Elderly in Rural Areas: A Case Study in Michigan," Research Reports, Michigan State University Agricultural Experiment Station. No. 344, (1978) pp. 86-104.

4. E.F. Ansello and C.E. Cipolla Eds., Rural Aging and Education: Issues, Methods and Models (Special Issue) Educational Gerontology Vol. 5 (1980); R.C. Atchley and T.O. Byerts, eds., Rural Environments and Aging (Washington, D.C.: Gerontological Society, 1975); P.K. Kim and C.P. Wilson, eds., Toward the Mental Health of the Rural Elderly (Washington D.C.: University Press of America, 1981); C.W. Wilkinson, G.D. Rowles and B. Maxwell, Comprehensive Annotated Bibliography on the Rural Aged (1975-1981) (Morgantown: West Virginia University Press, in press).

5. V.R. Kivett, "Discriminators of Loneliness among the Rural Elderly: Implications for Intervention" The Gerontologist Vol. 19 (1979) pp. 108-115; V.R. Kivett and J.P. Scott, The Rural By-Passed Elderly: Perspectives on Status and Needs (The Caswell Study) Technical Bulletin, No. 260. (North Carolina Agricultural Research Service and School of Home Economics, University of North Carolina at Greensboro, 1979).

6. G.R. Lee and M.L. Lassey op. cit. Footnote 2.

7. N.R. Hooyman, "Mutual Help Organizations for Rural Older Women," Educational Gerontology Vol. 5 (1980) pp. 429-447; Y. Wang, "Natural Support Systems and the Rural Elderly" Unpublished Ph.D. Dissertation, (Columbia: University of Missouri, 1979); G.D. Rowles, "Geographical Dimensions of Social Support in Rural Appalachia," in G.D. Rowles and R.J. Ohta, Eds., Aging and Milieu: Environmental Perspectives on Growing Old (New York: Academic Press, in press).

8. B.H. Gottlieb, "The Primary Group as Supportive Milieu," American Journal of Community Psychology Vol. 7 (1975) pp. 469-480.

9. The inappropriateness of many existing service programs for the rural elderly has been noted by a number of researchers. See, for example, E.R. Ansello, "Special Considerations in Rural Aging," Educational Gerontology Vol. 5 (1980), pp. 343-354; and N. Lohmann and R. Lohmann, "Urban Designed Programs for the Rural Elderly: Are They Exportable?" in Social Work in Rural Areas: Preparation and Practice (Knoxville: University of Tennessee, 1977), pp. 284-297.

10. For elaboration on these issues, see G.D. Rowles, The Geographical Experience of the Elderly (Washington D.C. National Institute on Aging, Special Aging Research Award, AG00862, Final Report, 1981) pp. 20-21.

11. E. Relph, Place and Placelessness (London: Pion, 1976); Y.F. Tuan, Space and Place: The Perspective of Experience (Minneapolis: University of Minnesota Press, 1977); D. Ley and M. Samuels, Eds. Humanistic Geography: Prospects and Problems (Chicago: Maaroufa Press, 1978); A Buttimer and D. Seamon, Eds., The Human Experience of Space and Place (London: Croom Helm, 1980).

12. A.M. Warnes, op.cit. Footnote 1 p. 25.

13. G.D. Rowles, "Reflections on Experiential Fieldwork" in D. Ley and M. Samuels Eds. Humanistic Geography: Prospects and Problems (Chicago: Maaroufa Press, 1978), pp. 173-193.

14. Colton is a psuedonym as are all proper names in this paper. While the formal duration of the funded study was three years, it is in fact an ongoing research project. One of the characteristics of this type of inquiry is that one maintains ongoing involvement with the participants for some time after the conclusion of the field phase. For discussion of some of the implications of this style of research see R.W. Janes, "A Note on Phases of the Community Role of the Participant Observer," American Sociological Review, Vol. 26 (1961), pp. 446-450.

15. Rowles, op.cit., Footnote 13; See also, R. Von Eckartsberg, "On Experiential Methodology" in A Georgi, W.F. Fischer and R. Von Eckartsberg Eds. Duquesne Studies in Phenomenological Psychology Vol. 1, (Pittsburgh: Duquesne University Press/Humanities Press, 1971) pp. 66-79.

16. A primary purpose of these informal interviews was to provide the participants with an opportunity to reveal dimensions of their experience they would normally take-for-granted and hence would find difficult to articulate. See D. Ley, "Social Geography and the Taken-For-Granted World," Transactions of the Institute of British Geographers, Vol. 2 (1977) pp. 498-512.

17. The seven life satisfaction scales were: Cavan Attitude Scale (1949), Kutner Morale Scale (1956), Dean Scale (1958), Life Satisfaction Index A (1961), Life Satisfaction Index B (1961), The Philadelphia Geriatric Center Morale Scale (1972) and a one question Global Scale. For more information on these scales and the procedures utilized see N.L. Lohmann, "A Factor Analysis of Measures of Life Satisfaction, Adjustment and Morale," International Journal of Aging and Human Development Vol. 11 (1980) pp. 1-9; and G.D. Rowles, op.cit. (1981). Footnote 10.

18. E. Relph, op.cit. Footnote 11, pp. 49-59; A. Buttimer "Home,Reach and a Sense of Place," in A. Buttimer and D. Seamon, eds., The Human Experience of Space and Place (London; Croom Helm, 1980) pp. 166-187; D. Seamon, "Newcomers, Existential Outsiders and Insiders: Their Portrayal in Two Books by Doris Lessing," in D.C.D. Pocock, Ed., Humanistic Geography and Literature (London: Croom Helm, 1981) pp. 85-100; G.D. Rowles, "Growing Old 'Inside': Aging and Attachment to Place in an Appalachian Community," in N. Datan and N. Lohmann, Eds., Transitions of Aging (New York: Academic Press, 1980) pp. 153-170.

19. This phenomenon, first discussed by the French phenomenologist Merleau-Ponty, is termed "Body Subject" by Seamon and Nordin and is defined as "The inherent capacity of the body to direct behaviors of the person intelligently, and thus function as a special kind of subject that expresses itself in a preconscious way usually described by words, such as, mechanical, automatic, habitual, and involuntary." D. Seamon and C. Nordin, "Marketplace as Place Ballet: A Swedish Example," Landscape Vol. 24 (1980) p. 36.

20. Ages quoted in this paper are as of January 1980.

21. J. Lozier and R. Althouse, "Social Enforcement of Behavior Toward Elders in an Appalachian Mountain Settlement," The Gerontologist Vol. 14 (1974) pp. 69-80.

22. J.E. Weller, Yesterday's People: Life in Contemporary Appalachia (Lexington: University Press of Kentucky, 1965).

23. R.N. Butler, "The Life Review: An Interpretation of Reminiscence in the Aged," Psychiatry Vol. 26 (1963), pp. 55-76; S. Merriam, "The Concept and Function of Reminiscence: A Review of the Research," The Gerontologist Vol. 20 (1980) pp. 604-608.

24. Scores on the seven life satisfaction scales, recorded at two points in the field research, 12 months apart, were medium to high for both measurement times. The two major exceptions were the Dean Scale (comprising only 4 items) where scores were low, and the low scores of a single panel member, 92 year-old Asel. For more detailed elaboration, see G.D. Rowles, op.cit. 1981. Footnote 10, pp. 21-24.

25. C.F. Longino, "The Unit of Analysis Problem and Network Measures of Changing Support." Paper presented at 32nd Annual Scientific Meeting of the Gerontological Society, Washington D.C., 1979.

26. Recent work by Rodeheaver has indicated that rural old people are often reluctant to abandon established support networks focused on families, neighbors and friends in favor of formal services, because they view such services as transitory. See, D. Rodeheaver, "Going My Way? The Social Environment of Elderly Travelers." Unpublished M.S. Thesis, (Morgantown: West Virginia University, 1981).

27. Only 24 of the study panel's 60 living children reside within 25 miles.

28. This list was derived from a membership roster of the Colton Senior Citizens club, supplemented by information I gained on the existence of other old persons in the community during the three years of field research. The list was also verified by consultation with a number of community residents who were not in the study panel.

29. This process is simplified by the existence within Colton of a four-digit dialing code. The use of three digit prefix numbers is not required.

30. J.D. Porteous, "Home: The Territorial Core," Geographical Review Vol. 66 (1976) pp. 383-390; O. Bollnow, "Lived Space," in N. Lawrence and D. O'Connor, Readings in Existential Phenomenology (Englewood Cliffs, N.J.: Prentice Hall, 1967) pp. 178-186; A. Buttimer, op. cit. Footnote 18. G. Bachelard, The Poetics of Space (Boston: Beacon Press, 1969); M. Eliade, The Sacred and the Profane (New York: Harcourt Brace & World, 1959).

31. G.D. Rowles, "The Surveillance Zone as Meaningful Space for the Aged," The Gerontologist Vol. 21, (1981) pp. 304-311.

32. The size of this zone may vary considerably depending upon topography (and hence potential for interaction) and population density. For the study participants living in the more densely populated areas of Colton, this zone may be quite small, ranging from the outer limits of the surveillance zone to a distance of 800 feet or less. For others, this zone may extend in some directions, to a distance of over half a mile.

33. This map was compiled from a questionnaire that sought information on each participant's service network including physicians, banks, stores, personal services, recreational opportunities and other services utilized over a period of one year. During this year only four resources, all stores patronized by the same individual, were utilized that were beyond 25 miles from Colton. It should be noted that this data does not include goods and services purchased through mail order catalogs.

34. The spatial separation of families resulting from the increased mobility of society is particularly significant for the rural elderly. As Powers, Keith and Goudy note: "Only 19 percent of the children of rural Iowa aged... and 26 percent of the children of Wisconsin aged...live in the same community as their parents." E.A. Powers, P. Keith and W.J. Goudy, "Family Relationships and Friendships" in R.C. Atchley and T.O. Byerts, Eds., op. cit. Footnote 4, p. 70. I have also documented the spatial separation of the Colton elderly from their children in another paper. See G.D. Rowles, "Between Worlds: A Relocation Dilemma for the Appalachian

Elderly." Paper presented to 34th Annual Scientific Meeting of the Gerontological Society of America, Toronto, Canada, November, 1981.

35. As implicit supports are essentially idiosyncratic and vary considerably among individuals, only explicit forms of support will be illustrated in the remainder of this paper.

36. For elaboration on these arguments, see I. Rosow, Social Integration of the Aged (New York: Free Press, 1967); M.P. Lawton and B. Simon, "The Ecology of Social Relationships in Housing for the Elderly," The Gerontologist Vol. 8 (1968) pp. 108-115; G.L. Bultena and V. Wood "The American Retirement Community: Bane or Blessing?" Journal of Gerontology Vol 24, (1969) pp. 209-217. A.R. Hochschild, The Unexpected Community (Englewood Cliffs, N.J.: Prentice Hall, 1973).

37. G.L. Bultena and V. Wood, op. cit. Footnote 36. p. 214.

38. C.A.L. Sanderson, "The Week After Next...," The Gerontologist Vol. 11, (1971) p. 20.

39. L. Mumford, "For Older People-Not Segregation but Integration," Architectural Record Vol 119 (1953) pp. 191-194; S. de Beauvior, The Coming of Age (New York: Warner, 1973).

40. Clearly, the selection of 60 years of age as a cut-off point is somewhat arbitrary here. It would be useful to develop a strategy for distinguishing among individual cohorts within the elderly population.

41. In this context, it is pertinent to note the potentially devastating effects that recent court decisions which provide impetus for telephone companies to adjust their rate structures toward a "pay by the minute" system may have on the telephone support networks of the rural elderly.

42. A major issue here is the problem of low density geographically dispersed populations in need. The problem is best illustrated in contrast to Cantor's observation that, although only 8 percent of her New York City elderly sample "appeared to have no personal support system of any kind," this percentage still constituted 30,000 isolated older persons in the inner-city neighborhoods in need of supportive services--clearly more than sufficient to justify a variety of formal service programs. See, M.H. Cantor, "Life Space and Social Support," in T.O. Byerts, S.C. Howell, and L.A. Pastalan, The Environmental Context of Aging: Life-Styles, Environmental Quality and Living Arrangements, (New York: Garland STPM Press, 1979) pp. 54-55. Assuming a similar percentage in need within a rural county with perhaps 2000 elderly residents, translates into a population of only 160 needy individuals. Given that these persons are geographically dispersed and would have a variety of needs, it is apparent that there is not a sufficient population threshold to sustain a traditional form of service program--particularly if criteria for program evaluation are to include utilization rates.

43. R.A. Dunckley, C.J. Lutes, J.N. Wooten, and R.A. Kooken, "Therapy Approaches with Rural Elders," in S.S. Sargent, Ed., Nontraditional Therapy and Counseling with the Aging (New York: Springer, 1980) pp. 74-99.

44. N.R. Hooyman, op.cit. Footnote 7.

45. In addition to involving individuals who are likely to have greater sensitivity to the needs of individual old people in their vicinity and the community resources available to aid them, this option would also, assuming that the "caretakers" were reimbursed for their services, provide a much needed infusion of capital into the economies of rural communities where employment opportunities for the kind of people likely to become caretakers (primarily middle-aged women) are scarce.